Medical Clearance Form

The student named below has requested re-enrollment in Auburn University following a medical withdrawal. Auburn University is a competitive institution of higher education. To optimize the possibility of success, students are asked to submit medical documentation from a licensed health care provider (preferably the provider who recommended the medical withdrawal) to indicate readiness to return to an academic environment.

Health Care Provider Name: ____________________________________________

In your professional opinion, has ________________ ’s medical/psychological condition been successfully resolved so that the student can function effectively in an academic environment at this time?

_____ Yes  _____ No  _____ Cannot Assess

If yes, please indicate if any of the following recommendations are appropriate:

_____ Part-Time Course Load
_____ Academic Accommodations
_____ Student Counseling Services
_____ Academic Coaching/Counseling
_____ Other Recommendations; List here ____________________________

If no, please indicate when you believe the condition may be resolved:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If you cannot assess, please briefly explain why:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature: ___________________________  Date: ___________________________

Provider License Number: _______________________________________________

Please send this form, ATTN: Medical Withdrawal Coordinator, by fax or mail to the number or address listed below. You can also email this form to medwithdraw@auburn.edu.

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